State of South Dakota
Statement of Financial Interest
Elected Official

RECEIVED
JAN 27 2005
S.D. SEC. OF STATE

File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this form.

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1. Name Margaret V. Gillespie
2. Address 29466 48th Avenue Hudson, SD 57034
3. Elected Office State Representative

If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return.

Date: 1-27-05 (Signed) Margaret Gillespie

If there are changes, please complete the following:

4. What is your occupation/profession? _____

5. List any enterprise which accounted for more than ten percent of, or contributed more than $2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

Filed this 27th day of January 05
Chr. Nelson
SECRETARY OF STATE

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

State of South Dakota)
) SS.
County of _____)

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) _____

Sworn to before me this _____ day of _____, 19_____.

(Seal)

_____
Officer Administering Oath

My commission expires: _____

Revised 1997

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name Margaret V. Gillespie
2. Address 29166 481st Avenue, Hudson South Dakota 57034
3. Office Sought State Representative – District 16
4. What is your occupation/profession? lawyer

5. List any enterprise which accounted for more than ten percent of, or contributed more than $2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

1) Gubbrud, Haugland + Gillespie, Prof LLC – Margaret Gillespie receives income — Employee
2) Dan + Margaret Gillespie – Family Farm + Rental income Dan + Margaret Gillespie receive income — owner/operator – "sole proprietorship"
3) Union County Public Defender – Margaret Gillespie + GHG, Prof LLC receive income — Court appointed to defend criminal cases
4) State of South Dakota – salary as state legislator — duties as State Legislator
5) ~~United States Postal Service~~ Daniel – spouse – receives income — employed as substitute carrier

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

Dan + Maggie Gillespie – family farm — owner / operator

Filed this 23rd day of April 04

Chris Nelson
SECRETARY OF STATE

State of South Dakota)
) SS.
County of Union)

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) Margaret Gillespie

Sworn to before me this 21st day of April, 2004.

(Seal) JEAN SEIVERT My Commission Expires: May 8, 2004

Jean Seivert
Officer Administering Oath

My commission expires: JEAN SEIVERT My Commission Expires: May 8, 2004

Revised 1997